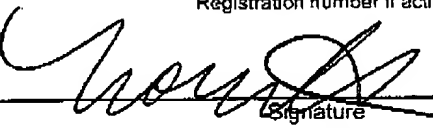


**RECEIVED**  
**CENTRAL FAX CENTER**  
**SEP 19 2008**

PTO/SB/22 (08-08)

Approved for use through 09/30/2008. OMB 0851-0031  
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) NY-FAESP 203-US	
Application Number 09/870,498-Conf. #8814		Filed June 1, 2001	
For <b>ANTIMICROBIAL PEPTIDES AND METHODS FOR IDENTIFYING AND USING SUCH PEPTIDES</b>			
Art Unit 1655		Examiner K. C. Srivastava	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$80
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0624</u> .		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>30,946</u>	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
		<u>September 19, 2008</u>	
Norman D. Hanson		Date	
Typed or printed name		<u>(212) 318-3168</u>	
		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of	<u>1</u>	forms are submitted.

09/22/2008 HMARZI1 00000016 09870498

01 FC:1252

460.00 OP

55277898.1

1